



# RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY

(A State University established by Maharashtra Public Universities Act, 2016)

Application Form No. \_\_\_\_\_

(For office use only)

Advertisement No. : RTMNU/GA/1316

Dated : 12<sup>th</sup> August, 2023

To

**THE REGISTRAR,  
Rashtrasant Tukadoji Maharaj Nagpur University,  
Jamnalal Bajaj Administrative Building,  
Mahatma Jotiba Fule Educational Premises,  
Campus Square to Ambazari T-Point Marg,  
Nagpur-440 033 (M.S.), India.**

Affix recent  
passport size  
photograph with  
self-attestation

**Sub. : Application for :**

<b>NAME OF THE POST</b>	:	
<b>POST ADVT. NO.</b>	:	
<b>SUBJECT/DEPARTMENT</b>	:	
<b>SPECIALIZATION</b>	:	

**Sir,**

I hereby submit my application for the post mentioned above with the following details :

## APPLICATION FORM

(Please read the general instructions, Terms & conditions before filling the form)

1. Application Fee (Non-Refundable)		
Receipt No.	Date	Amount (Rs.)

2. Personal Details (In Capital Letters)			Enclosure No.
Full Name (Surname First)			
Date of Birth (DD/MM/YYYY)	Age (In Years) as on <b>20<sup>th</sup> September, 2023</b>		
Gender (Male/Female)	Marital Status		
Nationality	Religion		
Category (with Caste) (SC/ST/VJ(A)/NT-B/NT-C/NT-D/ OBC/OPEN/PH/Ex-Serviceman, etc.)			
Particulars of Physical Disability, if Applicable			

3. Address	
Address for Correspondence	Permanent Address
Pin Code :	Pin Code :

4. Communication Details	
E-mail ID	
Mobile No.	
Phone No. (if any)	

5. Educational Qualifications (Matriculation onward)					Enclosure No.
Name of Exam. /Degree	University /Institution /Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	

**(Please use an additional sheet, if required, retaining the above tabular format)**

<b>Ph.D.</b> (Mark ✓ in Appropriate Box)	<b>Degree Awarded [     ]</b>	<b>Thesis Submitted [     ]</b>	
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**Title of Thesis/Dissertation** *(If Published, give details on a separate sheet)*

Ph.D.		
M. Phil.		
P.G.		
Particulars of NET/SET/ SLET/GATE or Equivalent Exam.		

6. Present Position						Enclosure No.
Designation	University/ Institution	From Date	Basic Pay	Pay Scale/ Pay Band	Gross Pay/ Total Salary p.m.	

7. TEACHING EXPERIENCE AS AN APPROVED FULL-TIME TEACHER							Enclosure No.	
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Teaching Experience			
			From	To	Y	M		D

Total Teaching Experience : [ \_\_\_\_ Y (Years)] [ \_\_\_\_ M (Months)] [ \_\_\_\_ D (Days)]

**Special contribution, if any :**

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*(Enclose additional sheet, if required, in the same format)*

8. EXPERIENCE IN RESEARCH ESTABLISHMENT/INSTITUTIONS OF HIGHER EDUCATION/INDUSTRIES/PROFESSIONAL							Enclosure No.	
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Experience			
			From	To	Y	M		D

Total Experience in Research Establishment/Institution of Higher Education :  
[ \_\_\_\_ Y (Years)] [ \_\_\_\_ M (Months)] [ \_\_\_\_ D (Days)]

**Special contribution, if any :**

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*(Enclose additional sheet, if required, in the same format)*

9. Research Experience :		Enclosure No.
Number of Ph.D. Degrees Awarded under Supervision :		
Number of Ph.D. Thesis Submitted under Supervision :		
Number of Ph.D. Students Registered under Supervision :		
<b>Total Research Experience :</b>	<b>[ ____ Y (Years)] [ ____ M (Months)] [ ____ D (Days)]</b>	

10. Publications :							Enclosure No.
Number of Books Published :		[   ] Own	[   ] Joint Authorship				
Number of Books Edited :		[   ] Own	[   ] Joint Editorship				
Number of Papers Published :		[   ] Own	[   ] Joint Authorship				
<b>Own</b>				<b>Joint Authorship</b>			
International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ /Seminars/ Symposium	International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ Seminars/ Symposium
<b>NOTE : Give the details of Publications on separate sheet.</b>							

11. ADMINISTRATIVE EXPERIENCE							Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Administrative Experience		
			From	To	Y	M	D

Total Administrative Experience : [ \_\_\_\_ Y (Years)] [ \_\_\_\_ M (Months)] [ \_\_\_\_ D (Days)]

**Special contribution, if any :**

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*(Enclose additional sheet, if required, in the same format)*

<b>12. Academic Distinctions</b> (Award/Scholarship/Rank, etc.) : <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		

<b>13. Membership/Fellowship of learned Accredited Academic Bodies :</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

<b>14. Competency in Computer Applications :</b>	<b>Enclosure No.</b>
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15. Additional Information, if any : <i>(Use separate sheet, if necessary)</i>	Enclosure No.
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16. Name and Postal Address of Two Referees :	
Referee 1	Referee 2
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

**17. TOTAL NO. OF ENCLOSURES ATTACHED :** \_\_\_\_\_

DATE : \_\_\_\_\_

PLACE : \_\_\_\_\_

\_\_\_\_\_

**(Signature of Applicant)**

## DECLARATION-I

I, hereby, declare that, all information submitted in this application and in its accompaniments is true, complete and correct to the best of my knowledge and belief. I accept that in the event of any information being found false, incomplete, or incorrect, my candidature/appointment for the post of \_\_\_\_\_ is liable to be cancelled/terminated at any stage. I further understand that no cognizance shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in the Employment Notice No. \_\_\_\_\_ Dated \_\_\_\_\_ on the website of the University.

DATE : \_\_\_\_\_

PLACE : \_\_\_\_\_

\_\_\_\_\_  
**(Name & Signature of Applicant)**

## DECLARATION-II

I, Dr./Shri/Mrs./Ms. \_\_\_\_\_,  
Son/Daughter/Husband/Wife of Dr./Shri \_\_\_\_\_  
aged \_\_\_\_\_ years resident at \_\_\_\_\_

do hereby declare as follows :-

1. That I have filled my application for the post of \_\_\_\_\_
2. I have \_\_\_\_\_ (\_\_\_\_\_ Number) living children as on today, out of which number of children born after 28<sup>th</sup> March, 2005 is/are \_\_\_\_\_  
\_\_\_\_\_ (Mention dates of Birth, if any.)
3. I am aware that if total number of living children are more than two, due to the children born after 28<sup>th</sup> March, 2006, I am liable to be disqualified for the same post.

DATE : \_\_\_\_\_

PLACE : \_\_\_\_\_

\_\_\_\_\_  
**(Name & Signature of Applicant)**



## ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

### To be signed and forwarded by the present employer

*Forwarded to :*

**THE REGISTRAR  
Rashtrasant Tukadoji Maharaj Nagpur University,  
Jamnalal Bajaj Administrative Building,  
Mahatma Jotiba Fule Educational Premises,  
Campus Square to Ambazari T-Point Marg,  
Nagpur-440 033 (M.S.), India.**

The applicant Dr./Shri/Mrs./Ms. \_\_\_\_\_,  
who has submitted this application for the post of \_\_\_\_\_  
in the Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur, has been working  
in \_\_\_\_\_, on the post of  
\_\_\_\_\_ in a temporary/permanent  
capacity with effect from \_\_\_\_\_ in the Scale of Pay  
/Pay Band of Rs. \_\_\_\_\_.  
His/her next increment is due on \_\_\_\_\_.

Further, it is certified that no disciplinary/vigilance case has ever been held or  
contemplated or is pending against the said applicant.

There is no objection for his/her application being considered by the  
Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur.

\_\_\_\_\_  
*Signature of the forwarding authority*

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**OFFICE SEAL**

**RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY**

*Statement showing particulars of applicant for the Post of \_\_\_\_\_*

Post Advt. No. : _____	Sub./Dept. : _____	Specialization : _____	Category : _____
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Name & Correspondence Address of the Applicant with E-mail ID & Mobile No.	Date of Birth & Age	Category & Caste of candidate	Academic Attainments				Experience (Yr./Month/Days)			Publications, if any	Any other Information, if any
			Degree Awarded	Year of Passing	% / CGPA	Div./ Grade	Teaching	Research	Admn.		
1	2	3	4	5	6	7	8	9	10	11	12
	Date of Birth : _____									<b>International :</b> Own : _____ Joint : _____ Total : _____  <b>National:</b> Own : _____ Joint : _____ Total : _____	
	Age (as on 20/09/2023) : _____										

**I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the post of \_\_\_\_\_ may be cancelled without assigning any reason thereof.**

Date : \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_

Place : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_